2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# 717506

Entity Name: FLORIDA PEDIATRIC ALUMNI ASSOCIATION, INC.

Current Principal Place of Business:

C/O OLIVIA ANN GROVES
P. O. BOX 14161
GAINESVILLE, FL 32604

New Principal Place of Business:

Current Mailing Address:

C/O OLIVIA ANN GROVES
P. O. BOX 14161
GAINESVILLE, FL 32604

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OLIVIA ANN GROVES
9118 S.W. 122ND STREET
GAINESVILLE, FL 32608 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	FLOTTE, TERENCE M.D.	
Address:	PO BOX 100296	
City-St-Zip:	GAINESVILLE, FL 326100296	
Title:	S	( ) Delete
Name:	GROVES, OLIVIA ANN,	
Address:	9118 S.W. 122ND STREET	
City-St-Zip:	GAINESVILLE, FL 326100296	
Title:	D	( ) Delete
Name:	ROSS, JOHN J MD	
Address:	P.O. BOX 100296	
City-St-Zip:	GAINESVILLE, FL 326100296	
Title:	D	( ) Delete
Name:	BUNNELL, WALTER III	
Address:	1543 OX BOTTOM ROAD	
City-St-Zip:	TALLAHASSEE, FL 323123527	
Title:	P	( ) Delete
Name:	JOHNSON, STACEY	
Address:	509 GORDON AVE.	
City-St-Zip:	THOMASVILLE, GA 31792	
Title:	D	( ) Delete
Name:	SCHATZ, DESMOND MD	
Address:	P.O. BOX 100296	
City-St-Zip:	GAINESVILLE, FL 326100296	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	D	(X) Change ( ) Addition
Name:	BUCCIARELLI, RICHARD M.D.	
Address:	PO BOX 100296	
City-St-Zip:	GAINESVILLE, FL 326100296	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OLIVIA ANN GROVES S 04/30/2008
Electronic Signature of Signing Officer or Director — Date